

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09 800 550

FILING DATE

03-07-01

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | ✓ | | ✓ | |
| 2 | | | | ✓ | | ✓ |
| 3 | | | | ✓ | | ✓ |
| 4 | | | | ✓ | | ✓ |
| 5 | | | | ✓ | | ✓ |
| 6 | | | | ✓ | | ✓ |
| 7 | | | | ✓ | ✓ | |
| 8 | | | | ✓ | ✓ | |
| 9 | | | | ✓ | ✓ | |
| 10 | | | | ✓ | ✓ | |
| 11 | | | | ✓ | ✓ | |
| 12 | ✓ | | ✓ | | ✓ | |
| 13 | | | | ✓ | | ✓ |
| 14 | | | | ✓ | | ✓ |
| 15 | ✓ | | ✓ | | ✓ | |
| 16 | | | | ✓ | | ✓ |
| 17 | ✓ | | ✓ | | ✓ | |
| 18 | | | | ✓ | | ✓ |
| 19 | ✓ | | ✓ | | ✓ | |
| 20 | | | | ✓ | | ✓ |
| 21 | | | | ✓ | | ✓ |
| 22 | | | | ✓ | | ✓ |
| 23 | | | | ✓ | | ✓ |
| 24 | ✓ | | ✓ | | ✓ | |
| 25 | | | | ✓ | | ✓ |
| 26 | | | | ✓ | | ✓ |
| 27 | ✓ | | ✓ | | ✓ | |
| 28 | | | | ✓ | | ✓ |
| 29 | | | | ✓ | | ✓ |
| 30 | | | | ✓ | | ✓ |
| 31 | | | | ✓ | | ✓ |
| 32 | ✓ | | ✓ | | ✓ | |
| 33 | | | | ✓ | | ✓ |
| 34 | | | | ✓ | | ✓ |
| 35 | | | | ✓ | | ✓ |
| 36 | | | | ✓ | | ✓ |
| 37 | ✓ | | ✓ | | | ✓ |
| 38 | | | | ✓ | | ✓ |
| 39 | | | | ✓ | | ✓ |
| 40 | | | | ✓ | | ✓ |
| 41 | ✓ | | ✓ | | ✓ | |
| 42 | ✓ | | ✓ | | ✓ | |
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| 49 | | | | | | |
| 50 | | | | | | |
| TOTAL IND. | 11 | | 11 | 8 | 16 | 8 |
| TOTAL DEP. | 31 | | 31 | 26 | 26 | |
| TOTAL CLAIMS | 42 | | 42 | A | 42 | B |

| | * IND. DEP. | | * IND. DEP. | | * IND. DEP. | |
|-----------------|----------------|------|----------------|------|----------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51 | | | | | | |
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| 99 | | | | | | |
| 100 | | | | | | |
| TOTAL IND. | | 8 | | 8 | | 8 |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS